

Application Data Sheet

**Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	INSTALLATION FOR TREATING PRODUCTS AND CORRESPONDING DATA ACQUISITION COMPONENT
Attorney Docket Number::	0512-1179
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	3
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: JEAN-PHILIPPE  
Middle Name::  
Family Name:: ENEAU  
City of Residence:: BASSE-GOULAIN  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 15, AVENUE SCHUMANN

City of Mailing Address:: BASSE-GOULAIN  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE  
Postal or Zip Code of Mailing Address:: 44115

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: DOMINIQUE  
Middle Name::  
Family Name:: METAIS  
City of Residence:: THOUARE SUR LOIRE  
State or Province of  
Residence::  
Country of Residence:: FRANCE  
Street of Mailing Address:: 3, IMPASSE DU CAPRICORNE

City of Mailing Address:: THOUARE SUR LOIRE  
State or Province of Mailing Address::  
Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44470

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: FRANCE  
Status:: Full Capacity  
Given Name:: RAPHAEL

Middle Name::  
Family Name:: REVEAU  
City of Residence:: CORDEMAIS

State or Province of  
Residence::

Country of Residence:: FRANCE

Street of Mailing Address:: 10, RUE DES QUATRE VENTS

City of Mailing Address:: CORDEMAIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 44360

#### **Correspondence Information**

Correspondence Customer 000466

Number::

#### **Representative Information**

Representative Customer	000466
Number::	

#### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	02 10583	8/26/02	Yes

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::